

32692

Customer Number

Patent
Case No.: 59383US007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: **SHINOHARA, MASARU**

Application No.: **10/561,358**

Confirmation No.: **5956**

Filed: **June 24, 2004**

Title: **HEAT RESISTANT MASKING TAPE**

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.
- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

Jan 4, 2008
Date

Susan P. Gumatz
Signed by: Susan P. Gumatz

Dear Sir:

This communication is in response to the outstanding Office Action, dated October 5, 2007, and is being filed within three months of the date of that Office Action. The Amendment is believed to be timely submitted. It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

AMENDMENTS TO THE CLAIMS are reflected in the listing of claims that begins on page 4 of this communication.

REMARKS begin on page 6 of this communication.

FEES

- ☐ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	5	Minus	**	20	0	x \$50.00	\$0.00
Independent Claims	2	Minus	***	3	0	x \$210.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$370.00	
Total Additional Fee For This Amendment							\$0.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							